SLEEP DISORDERS AND STRATEGIES TO PROMOTE SLEEP

Adequate sleep may be as important for us as diet and exercise in terms of our overall health. Each year, there are about 40 million people in the United States who suffer from sleep disorders. An additional 20 million have occasional sleeping problems. Research has shown that it takes a toll on us both mentally and physically. While we sleep, our bodies secrete hormones that affect our mood, energy, memory and concentration. Testing has shown that with a driving simulator or a hand eye coordination task, sleep deprived people may perform just as badly as intoxicated people. Additional research suggests that if sleep deprivation is long term -- -- whether because of lifestyle choices or sleep disorders -- -- it may increase the severity of age-related chronic disorders such as diabetes and high blood pressure. Negative effects on metabolic and endocrine functions in men who were sleep deprived was found to be similar to those seen in older people as a result of normal aging.

A number of sleep disorders have been identified:

SNORING -- -- this is noisy breathing during sleep that occurs when relaxed structures in the throat vibrate and make noise. Most snoring is harmless although it can be a nuisance that interferes with the sleep of others. It can often be stopped with lifestyle changes such as losing weight, cutting down on smoking and alcohol and changing sleeping positions. It can be an indication of sleep apnea.

SLEEP APNEA -- -- this represents no inspired airflow for more than 10 seconds in adults. Fewer than five apneas per hour is considered normal. Sleep apnea can result in death usually from heart attack, stroke or even motor vehicle accidents related to sleepiness.

INSOMNIA -- -- difficulty falling asleep or staying asleep. It is the most common sleep disorder affecting from 20-30% of the population at some point in their lives.

NARCOLEPSY -- -- relatively rare, it occurs in less than one half a percent of the population. It includes excessive daytime sleepiness and an irresistible urge to fall asleep.

SLEEP PARALYSIS -- -- a person is conscious but unable to move because the body regains consciousness while the body is still under the normal paralysis induced during rapid eye movement sleep.

HYPNAGOGIC HALLUCINATIONS -- -- vivid dreaming soon after falling asleep.

CATAPLEXY -- -- a loss of muscle tone related to REM sleep onset brought on by strong emotions especially laughter. Individuals appear to be unconscious but are unaware of their surroundings.

IDIOPATHIC HYPERSOMNIA -- -- daytime sleepiness and prolonged periods of sleep without specific cause. Such individuals may sleep 14 hours a day but still feel sleepy and generally are irritable with depressive symptoms.

PARASOMNIAS -- -- problems in sleep including nightmares, night terrors, talking, walking, teeth grinding, bedwetting, etc.

RESTLESS LEGS AND PERIODIC LIMB MOVEMENTS IN SLEEP -- -- these may occur either as separate sleeping disorders or in combination. Restless leg syndrome can be diagnosed in the physician's office through a fairly specific set of questions while the periodic limb movements in sleep can be diagnosed only with an overnight polysomnogram. Symptoms are periodic twitches in the arms, legs or both during sleep that may or may not result in arousing.

TIPS FOR BETTER SLEEPING:

1. Keep a regular sleep wake cycle. Try to go to bed and wake up at the same time every day.
2. Avoid caffeine, alcohol and nicotine in the 4-6 hours before bedtime.
3. Don't exercise within two hours of that time. Exercising five or six hours before bedtime may help you sleep more soundly.
4. Don't eat large meals within two hours of that time.
5. Don't nap later than 3 PM
6. Sleep in a dark, quiet room with a comfortable temperature.
7. If you can't fall asleep within 20 minutes do a quiet activity somewhere else and return to bed when you're sleepy.
8. Wind down in the 30 minutes before bedtime with a relaxing pre-sleep ritual such as warm bath, soft music or reading.
9. Remove from the bedroom things that could disturb sleep such as pets, light, noise, excessive cold or warm temperature.

It is important to identify any comorbid conditions that may be impacting one's sleep. This may include poor sleep hygiene, pain, asthma, GERD, side effects of medications, etc. These should be identified and addressed prior to any specific treatment for insomnia.

Around 85% of people who are treated for insomnia will improve with a combination of cognitive behavioral therapy and pharmacotherapy. Cognitive behavioral therapy involves education about sleep hygiene, relaxation techniques to address the hyper arousal characteristic of psychophysiological insomnia, kinds of therapy to correct maladaptive beliefs and excessive worry about lack of sleep and behavioral interventions to alter habits that undermine sleep. This may include relaxation therapy, cognitive therapy, stimulus control, sleep restriction, etc. A number of pharmacologic therapy medications are available but must be carefully prescribed by one's physician for a limited period of time.